

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1955

Registration District No. 89

Primary Registration District No. 89 5134 A

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME ETHEL HIGHTOWER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Will Hightower 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 22 Oct 4 8-1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Williamson Co (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Willis Allen

13. Birthplace Williamson Co (City, town, or county) Ill. (State or foreign country)

14. Maiden name Laura S. Hightower

15. Birthplace Williamson Co (City, town, or county) Ill. (State or foreign country)

16. (a) Informant John Lutz

(b) Address Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Walt Hill

18. (e) Signature of funeral director Alfred R. Lutz

(b) Address Butler Mo

19. (a) 2/5/41 (Date received from registrar) (b) Kate Lutz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Butler (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1941 hour 9 minute 3 P. M.

21. I hereby certify that I attended the deceased from Jan 15 1941 to Feb 1 1941; that I last saw him alive on Jan 24 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
2 obs Duration 9 days

Due to 2 obs

Due to _____

Other conditions Influenza (Include pregnancy within 3 months of death) 9 weeks

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Alfred R. Lutz (M. D. or other)

Address Butler Mo Date signed 2-3-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.